

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Frank Dumont et al.
Serial No. : 10/521,385
Filed : January 18, 2005
For : VIDEO APPARATUS
Examiner : Brian P. Yenke
Art Unit : 2622

INFORMATION DISCLOSURE STATEMENT

[] 1 Pursuant to 37 CFR 1.97(b)
[within 3 months of filing or prior to 1st Office Action]
[X] 2 Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
[] 3 Pursuant to 37 CFR 1.97(d)
[after Final Office Action or Allowance, but prior to payment of issue fee]

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

[X] 4 A list of documents on form PTO/SB08a and/or PTO/SB08b together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

[] 5 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
[X] 6 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and
[] (a) The required certification made in item 8(a) below; **OR**
[X] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission
of this Information Disclosure Statement is authorized in
item 9 below.
[] 7 37 CFR 1.97(d): [after Final Office Action or Allowance, but prior to payment of issue fee]; and
[] (a) The required certification made in item 8(a) below; **AND**
[] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission
of this Information Disclosure Statement is authorized in
item 9 below.

10/31/2008 EEKUBAY1 0000006 070832 10521385

01 FC:1806 180.00 DA

[] 8 Certification

[] (a) Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or

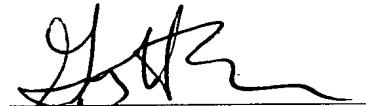
[] (b) No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

[X] 9 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No.07-0832. An original and one (1) copy of this document is enclosed.

Respectfully submitted,

FRANK DUMONT ET AL.

BY:


Guy H. Eriksen, Attorney
Registration No. 41,736
(609) 734-6807

GHE:pdf

Thomson Licensing LLC
Patent Operations
P. O. Box 5312
Princeton, New Jersey 08543-5312

October 28, 2008

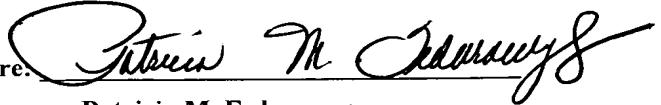
Enclosures

Certificate Of Mailing

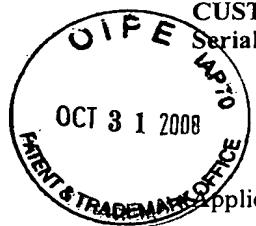
I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in a postage-paid envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date: October 29, 2008

Signature.



Patricia M. Fedorowycz



CUSTOMER NO.: 24498
Serial No. 10/521,385

PATENT
PA020012

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Frank Dumont et al.
Serial No. : 10/521,385
Filed : January 18, 2005
For : VIDEO APPARATUS
Examiner : Brian P. Yenke
Art Unit : 2622

INFORMATION DISCLOSURE STATEMENT

[] 1 Pursuant to 37 CFR 1.97(b)
[within 3 months of filing or prior to 1st Office Action]
[X] 2 Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
[] 3 Pursuant to 37 CFR 1.97(d)
[after Final Office Action or Allowance, but prior to payment of issue fee]

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

[X] 4 A list of documents on form PTO/SB08a and/or PTO/SB08b together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

[] 5 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
[X] 6 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and
[] (a) The required certification made in item 8(a) below; **OR**
[X] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.
[] 7 37 CFR 1.97(d): [after Final Office Action or Allowance, but prior to payment of issue fee]; and
[] (a) The required certification made in item 8(a) below; **AND**
[] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.

[] 8 Certification

[] (a) Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or

[] (b) No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

[X] 9 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No.07-0832. An original and one (1) copy of this document is enclosed.

Respectfully submitted,

FRANK DUMONT ET AL.

BY:


Guy H. Eriksen, Attorney
Registration No. 41,736
(609) 734-6807

GHE:pdf

Thomson Licensing LLC
Patent Operations
P. O. Box 5312
Princeton, New Jersey 08543-5312

October 28, 2008

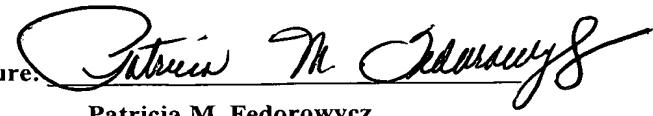
Enclosures

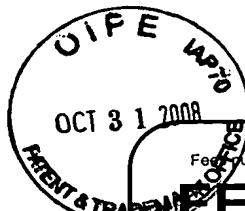
Certificate Of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in a postage-paid envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date: October 29, 2008

Signature:


Patricia M. Fedorowycz



Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal

for FY 2007

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**\$180.00**

Complete if Known	
Application Number	10/521,385
Filing Date	January 18, 2005
First Named Inventor	Frank Dumont
Examiner Name	Brian P. Yenke
Art Unit	2622
Attorney Docket No.	PA020012

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

25

Each independent claim over 3 (including Reissues)

Fee (\$)

100

Multiple dependent claims

Fee (\$)

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE: \$180.00

\$180.00

SUBMITTED BY

Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature					October 28, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

OCT 31 2008

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

FATENT & TRADEMARK OFFICE
U.S. DEPARTMENT OF COMMERCE

Fee Transmittal
for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **\$180.00**)

<i>Complete if Known</i>	
Application Number	10/521,385
Filing Date	January 18, 2005
First Named Inventor	Frank Dumont
Examiner Name	Brian P. Yenke
Art Unit	2622
Attorney Docket No.	PA020012

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number **07-0832**

Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of Credit any overpayments
 fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	= _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE: \$180.00

Fees Paid (\$)

\$180.00

SUBMITTED BY

Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature				October 28, 2008	

This collection of information is required by 37 CFR 1.139. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.